United Nations E/ICEF/2003/4 (Part II)

Economic and Social Council

Distr.: General
15 April 2003

Original: English

For information

United Nations Children's Fund
Executive Board
Annual session 2003
2-6 and 9 June 2003
Item 3 of the provisional agenda*

Report of the Executive Director:

Results achieved against the medium-term strategic plan in 2002**

Summary

This is the first annual report of the Executive Director against the medium-term strategic plan (MTSP) for 2002-2005 (E/ICEF/2001/13 and Corr.1). It provides information on progress, partnerships, constraints and key results achieved in 2002 within the five organizational priority areas of the MTSP, as well as on the cross-cutting strategies which support these areas, and on UNICEF income and expenditure for the year.

* E/ICEF/2003/10.

** Submission of this report was delayed by internal consultations.

03-32630 (E) 130503

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I. Introduction

1. UNICEF had many accomplishments in 2002 of which its staff can be proud, especially the General Assembly Special Session on Children and the associated Children's Forum and "Say Yes for Children" campaign. *A World Fit for Children*, the programme of action resulting from the Special Session, is an ambitious set of commitments for children's rights that will require the world's attention and resources during the coming decade. In focusing on this agenda, UNICEF must deliver tangible results for and with children, through its focus on the five organizational priorities of the medium-term strategic plan (MTSP) for 2002-2005 (E/ICEF/2001/13 and Corr.1). In 2002, one of the most dramatic examples of results achieved was the return of 2.9 million Afghan children, especially girls, to school after years of being deprived of their fundamental right to education.

2. This report provides details on specific results achieved within all five priority areas, and on related changes in internal management that show an improved focus on results-based management and reporting, within the overall context of United Nations reform. Within the priority areas of girls' education, early childhood development (ECD) and immunization "plus", UNICEF achieved tangible results in its traditional areas of strength (primary education, child health, nutrition and water and sanitation). Under the priorities of fighting HIV/AIDS and child protection, UNICEF developed more systematic approaches to knowledge-building, advocacy and strengthening of policies and capacities, both internally and with partners.

3. UNICEF is also recognizing and addressing its weaknesses. For example, the development of indicators for child protection has taken longer than expected. Although the integration of early childhood interventions shows enormous promise, UNICEF is still grappling with the difficulties of promoting practical convergence across sectors and among partners. The organization's strengthened contributions to fighting HIV/AIDS are still dwarfed by the scale of the epidemic.

4. The MTSP has challenged UNICEF in terms of improved management, systems and performance. UNICEF has begun to respond to these challenges, for example through the development of a set of baseline indicators against which progress can be assessed. Policies and procedures have been further simplified and harmonized with those of other United Nations agencies. UNICEF now must begin to demonstrate tangible results for children in all its priority areas, while maintaining its traditional strengths, in order to fulfil the promise of integrated and rights-based approaches. Embracing new partnership frameworks and helping to make them work for children will be key to these efforts.

II. The five organizational priorities: progress in 2002[1]

A. Girls' education

Estimated expenditure: $201 million[2]
Millennium Development Goals: 2, 3
A World Fit for Children: Promoting quality education
Articles of the Convention on the Rights of the Child: 2, 3, 28, 29

5. Through its focus on girls' education, and by addressing the specific barriers facing girls, UNICEF supports quality basic education for all children, with specific targets for access, quality and learning achievement. Because these barriers are the most pervasive and persistent, overcoming them helps to ensure the right of both girls and boys to quality basic education.

6. Basic education was a feature of almost all UNICEF programmes of cooperation in 2002. The most easily demonstrable results were increased enrolment rates resulting from "back-to-school" campaigns in countries affected by emergencies. The most dramatic case was in Afghanistan, where UNICEF helped 2.9 million children return to school through advocacy and provision of technical advice and supplies to 8,000 schools.

[1] Much of the information used in this report was drawn from the annual reports produced by UNICEF field offices. Although the format of these reports was redesigned in the light of the MTSP, they do not provide uniform information on all the priority areas. The secretariat is working with country offices to improve the quality and consistency of their reporting in 2003.

[2] Includes expenses related to basic education.

7. UNICEF has also shown leadership and achieved results in addressing barriers to educational quality and learning achievement, which particularly affect girls. In doing so, UNICEF increasingly promotes water, sanitation and security as essential for helping girls to stay in school; health and nutrition as prerequisites for effective learning; ECD for school readiness; and life skills to empower girls in dealing with HIV/AIDS. These individual initiatives are yielding results for girls' education, while "packaged" programming that addresses all major barriers to quality basic education is proving to be more effective still.

8. Inadequate resources continue to hamper the education sector in most countries, however. An even more serious challenge is a lack of commitment to gender mainstreaming and the need to improve the quality of education. UNICEF needs to do more to ensure that the multiple problems facing girls – ranging from a lack of security in schools to discrimination outside – are addressed more systematically in national policies and in its own programmes. UNICEF will continue to intensify its support for improving sanitation and clean water in schools as one of the most powerful interventions.

9. It is clear that in order to achieve the goal of gender equality, girls require special focus within basic education for all (EFA) programmes. Only one half of national EFA plans include explicit measures that address the problems facing girls. UNICEF needs to do more to ensure that these problems are addressed systematically in national policies and in its own cooperation. An important first step is a "gender review" in education. In the last three years, 37 countries have completed such a review.

10. Data from the United Nations Educational, Scientific and Cultural organization (UNESCO) show that the situation with regard to girls' enrolment is even more serious that believed when the MTSP targets were first elaborated. The estimated number of countries with girls' enrolment levels below 85 per cent has increased from 61 to 71. This includes several countries which have fallen back because of instability. UNICEF made education a priority in its emergency response, thus establishing leadership in basic education in unstable situations. UNICEF will endeavour to use these successful "back-to-school" strategies to assist countries not affected by emergencies which are making slow progress in education.

11. The possibility of achieving the Millennium Development Goal of eliminating gender disparities in primary education by 2005 may be slipping out of reach. As the lead agency for the United Nations Girls' Education Initiative, UNICEF has launched an initiative to promote gender parity in the 25 countries most at risk of not meeting the goal. The initiative seeks to broaden partnerships and to promote the scaling up of practical, small-scale approaches, building on the Fast Track Initiative led by the World Bank. UNICEF will work with other partners to include elements of this initiative in education sector-wide approaches (SWAPs) and poverty reduction strategies.

Target 1

By 2005, all countries with a girls' net enrolment rate of less than 85 per cent in 2000 to have policies and practices that reduce the number of out-of-school girls.

12. In 2002, all UNICEF programmes of cooperation supported education programmes or undertook related advocacy, with most offices supporting specific activities to improve girls' education. These included policy initiatives to increase enrolment and reduce drop-out rates of both girls and boys, provision of essential materials and promotion of opportunities for girls. In 38 countries, UNICEF supported campaigns to enrol girls by raising public awareness, including "back-to-school" campaigns in Afghanistan, Angola and Sri Lanka, and the *Sara* initiative in Africa.

13. UNICEF supported various mechanisms to identify out-of-school girls in 29 countries, and promoted the use of gender-disaggregated data. UNICEF assistance included programmes to promote girls' self-esteem, mentoring, peer counselling and training. In 48 countries, girls who had dropped out of school or were otherwise excluded received assistance through training and scholarships. The Complementary Basic Education project in the United Republic of Tanzania, which provides interim opportunities for children who are out of school, is now being adapted elsewhere in Africa. The joint United Nations *Janshala* programme in India is another good example of increased learning options for girls.

14. School fees are sometimes a factor in keeping girls out of school and UNICEF advocacy contributed to fee reductions in seven countries. Low awareness and gender bias persist among many educational authorities, exacerbated by a lack of gender-disaggregated data. The Common Country Assessment, United Nations Development Assistance

Framework (UNDAF) and Consolidated Appeals Process (CAP) provide important opportunities for promoting national dialogue on policies for girls' education.

15. UNICEF promotes girls' education globally through participation in the High-Level Group on Education for All and the United Nations Girls' Education Initiative. At country level, UNICEF has partnerships with all levels of government, as well as with UNESCO, other United Nations agencies, the World Bank, bilateral agencies and civil society organizations (CSOs). The EFA planning and coordination mechanism remains central to promoting basic and girls' education. The African Girls' Education Initiative supports activities in 34 countries and is a good example of sustained partnership.

16. In a number of countries, including Bangladesh, Cambodia, Ethiopia, Ghana, Mozambique, Nepal and Zambia, UNICEF has contributed to the elaboration of education SWAPs and poverty reduction strategies, stressing gender and equity issues. Because community-level interventions supported by UNICEF often have been successful but tend to remain outside the mainstream of national education systems, there will be stronger emphasis on scaling up successful experiences through partnerships and the development of national policies. These will include intensified involvement with SWAPs and poverty reduction strategies, influencing the development of EFA plans and UNDAFs, more effective use of UNICEF regular resources and continued resource mobilization.

Target 2:
By 2005, policies and mechanisms to promote effective quality learning in "child-friendly", gender-sensitive schools will be in place in at least 50 countries.

17. At school level, UNICEF has demonstrated a broader concept of quality in education, including promoting children's readiness, school safety, teacher training, curriculum reform and access to materials. More country programmes are integrating these elements into quality education packages like "child-friendly" schools, "learner-centred" classrooms and "joyful learning". Although it has not yet had a strong influence on national education systems, this comprehensive approach to quality education shows promise.

18. UNICEF supported curriculum reform, policy development and capacity-building to improve the quality of schools and teaching. "Child-friendly" schools were promoted in 49 countries and studies related to gender in education in 36. UNICEF promoted school sanitation and hygiene, including the construction of separate facilities for girls, as a strategy to improve girls' enrolment and retention. This integrated approach combining sanitation, hygiene and water for schools is used in some 50 countries, including Bangladesh, Bolivia, Burkina Faso, Ghana, Haiti, Malawi, Mozambique and Viet Nam. To reinforce the role of schools in HIV/AIDS prevention, UNICEF supported training for educators, and/or promoted school-based outreach and life skills in some 60 countries.

19. As a result of training programmes supported by UNICEF, the capacities of teachers and administrators to provide quality education were enhanced in 79 countries. Studies supported by UNICEF focused on such issues as barriers to girls' access, "gender audits" of learning materials and school safety. Gender-sensitive teaching materials were developed in 18 countries.

20. A chronic lack of teachers, low salaries and poor morale continue to have a major impact on learning in many least developed countries (LDCs). In southern Africa, AIDS has led to severe teacher shortages. Indigenous children often have much lower access to education, and girls face double discrimination based on gender and ethnicity. UNICEF-assisted programmes in Latin America are using inclusive, bilingual education approaches to address these problems.

21. The Girls' Education Movement ("GEM"), initiated by the President of Uganda, has become a framework for partnership with girls for the promotion of girls' education. In 2002, UNICEF supported the establishment of GEM networks in six other African countries. UNICEF works with the Forum for African Women Educationalists in 18 countries and with national institutions, such as China's Association for Science and Technology, for research.

Target 3:
By 2005, at least 20 countries will have identified learning outcomes and built capacity to ensure gender parity in achievement in basic education.

22. A UNICEF survey showed that most countries lack a national learning assessment system and rely solely on public examinations. In 2002, UNICEF supported assessments of girls' learning achievement in 16 countries. Data on gender

gaps in learning achievement remain weak. While better indicators are under development, examination results or transition rates may need to be used as proxies for progress in gender parity.

B. Early childhood development

Estimated expenditure: $302 million
Millennium Development Goals: 1, 4, 5, 6
A World Fit for Children: Promoting healthy lives
Articles of the Convention on the Rights of the Child: 2, 3, 24, 27, 31

23. The most concrete results achieved in the area of ECD in 2002 reflect progress towards sectoral goals in health, nutrition, water and environmental sanitation, areas that have been – and continue to be – the traditional strengths of UNICEF. The UNICEF supply operation played a major role in improving families' access to insecticide-treated bednets, anti-malarial and other essential drugs, oral rehydration salts (ORS) and micronutrient supplements. Building on these achievements, UNICEF is also pioneering an integrated approach to ECD that links national policies, the provision of basic services, and improved family care practices for young children and mothers. It calls for better coordination and convergence of activities between sectors and for interventions that focus on the priority needs of families and communities. It also incorporates interventions to maximize children's cognitive and emotional development.

24. The UNICEF 2002 guidelines on ECD stressed that the integration of activities to support young children should be practical and context-specific. Where child death rates remain high, UNICEF support should continue to focus on expanding access to basic services and commodities, within a common framework such as a national development plan or poverty reduction strategy. In countries with wide disparities in access to services, UNICEF supports the convergence of interventions for young children in selected districts or municipalities. Where basic services are widely available, it may often be necessary to add missing components so that all main elements of ECD are covered.

Target 1:
In all countries, support the development of comprehensive ECD policies with special emphasis on children under three years of age.

25. A baseline inventory found that only 17 countries have a multisectoral policy on early childhood, although some 53 countries are developing one. The development of indicators for ECD was begun and will be a major focus in 2003.

26. UNICEF supported the development of national policies for young children in 38 countries through advocacy with policy makers, consensus-building, technical support and inclusion of priority issues for young children in SWAPs and poverty reduction strategies. Pilot approaches, studies and surveys helped to inform policy development for ECD. UNICEF also supported the development of systems for monitoring young child development, including growth monitoring and promotion in over 30 countries and screening systems for developmental delays and disabilities in Cambodia, Indonesia and South Africa.

27. The complexity of establishing strong working relationships among multiple partners is the main reason why the development of integrated ECD policies takes time. Policies and coordinating bodies often remain narrowly based. However, the integration of ECD is providing a strong impetus for consensus-building and for more consistent approaches across sectors (e.g., in training of frontline workers).

28. In addition to government ministries, ECD coordinating bodies include faith-based organizations and associations of educators, women and paediatricians. Key international partners in this target area include the United Nations Development Programme (UNDP), UNESCO, the World Food Programme (WFP), the World Health Organization (WHO), the World Bank, bilateral agencies, the Consultative Group on Early Childhood Care and Development, the Bernhard Van Leer Foundation and the Save the Children Alliance.

Target 2:
In 80 to 100 countries with high child and maternal mortality and morbidity rates, and/or large disparities in these rates, support the implementation of comprehensive and convergent programmes to deliver basic services, early childhood care and learning programmes.

29. In 58 of the 80 priority countries for this target, UNICEF promoted convergence of basic service interventions, through such measures as expanding access to quality preventive health, nutrition and safe water and promoting recommended practices for breastfeeding, young child feeding, sanitation and hygiene. In countries where UNICEF is supporting the integrated management of childhood illness (IMCI), these activities served as an entry point for ECD, resulting in improved capacities of health workers and communities to provide integrated health and nutrition care. Support for control of diarrhoeal diseases (CDD), control of acute respiratory infections (ARI) and other health interventions for young children increasingly converge within the IMCI approach.

30. Although many programmes still cover health and nutrition alone, strongly convergent approaches include Cambodia's *Seth Koama* community programmes. Another example is the accelerated child survival and development programme in 11 West African countries. This uses cost-effective measures to reduce child deaths and stunting, including IMCI, preventive malarial treatment and micronutrient supplementation.

31. In the 50 poorest countries, however, the prevention and treatment of the basic childhood illnesses and CDD and ARI interventions are not given sufficient priority in relation to their contributions to mortality and morbidity. UNICEF and other partners must continue to invest in known cost-effective interventions, including the promotion of exclusive and continued breastfeeding, safe hygiene practices, micronutrient supplementation and delaying a woman's first pregnancy.

32. UNICEF works with a broad range of partners to support the delivery of basic services for children and women, including Governments, the United Nations Population Fund (UNFPA), WFP, WHO, bilateral agencies, NGOs and the private sector. The role of UNICEF ranges from participation in policy dialogue and national coordination mechanisms to direct support to national and subnational programme delivery. Partners supporting community-based IMCI include the United Nations Foundation, the United States Agency for International Development (USAID) and WHO.

33. In specific sectoral programmes that contribute to ECD, UNICEF continued to promote a wide range of activities, as described below.

34. UNICEF supported malaria prevention and control activities in 44 countries, primarily in Africa, focusing on the procurement, distribution, retreatment and local manufacturing of insecticide-treated nets, as well as supply of anti-malarial drugs and support to policy development. UNICEF procured 3.7 million insecticide-treated bednets for 26 countries, double the quantity for 2001, and also supplied nets for reducing malaria outbreaks in emergencies. The possible negative impact of the distribution of subsidized nets to poor families on private sector manufacturing and sale is being addressed in Zambia through the "Equity Malaria Programme" and in the United Republic of Tanzania through a voucher system. UNICEF activities take place within the framework of the Roll Back Malaria initiative, comprised of UNDP, UNICEF, the World Bank and WHO.

35. UNICEF support to maternal health included policy dialogue and awareness-raising, training of obstetricians and birth attendants, supply of birth kits and clinical equipment and support to obstetric care and referral systems. UNICEF contributed to strengthened capacities for safe delivery in 54 countries and sponsored studies that helped to increase awareness of the scale of maternal deaths. UNICEF also promoted emergency obstetrical care as pivotal to reducing maternal mortality. This strategy was implemented successfully in the six South Asian countries where most of the world's maternal deaths occur. Most LDCs recognize maternal deaths as an important problem but face weaknesses in the referral system. Promising experiences in Egypt and parts of Asia and Latin America can be built on, but stronger advocacy is needed at the policy level. UNICEF works in partnership with ministries of health, obstetrics and gynaecology faculties and NGOs. The UNFPA, USAID, WHO and Columbia University (United States) are important international partners.

36. In 86 countries, UNICEF contributed to increased access to water and environmental sanitation (WES) through direct support for new facilities and strengthening of national capacities and policies for service delivery. In many cases, value was added by the integration of water and sanitation with health and education services and community hygiene awareness. Activities ranged from emergency response in 37 countries, including Afghanistan and southern Africa, to

national-level support in parts of South Asia and Africa and initiatives that focus on marginalized populations, notably in Latin America. UNICEF also worked with counterparts in 10 countries in Asia and Central America on arsenic mitigation programmes. Nonetheless, sanitation and hygiene promotion remained seriously under-prioritized in many countries. This was the major focus of UNICEF advocacy at the World Summit for Sustainable Development in Johannesburg, where UNICEF joined the Water Supply and Sanitation Collaborative Council in launching the "WASH" (Water, Sanitation and Hygiene for All) Campaign. UNICEF WES programmes are funded largely through partnerships with bilateral donors, notably the Governments of the Netherlands, Sweden and the United Kingdom. In 2002, UNICEF entered into a funding partnership with the Conrad Hilton Foundation for programmes in West Africa.

37. UNICEF offices also worked with WHO, *Médicins Sans Frontières*, the Red Cross and other partners in responding to outbreaks of cholera, meningitis and malaria. UNICEF support for CDD in 53 countries included the training of health care providers, community hygiene awareness, procurement of ORS, promotion of oral rehydration therapy in clinics and support to such initiatives as Sierra Leone's Blue Flag Volunteer programme. Preparedness planning and the pre-positioning of supplies improved the capacity of UNICEF to respond to emergencies such as cholera outbreaks, including a major outbreak in Malawi.

38. UNICEF made major efforts to combat micronutrient malnutrition, particularly vitamin A, iron and iodine deficiencies. It helped to establish the Global Alliance for Improved Nutrition and worked with the Micronutrient Initiative to launch major programmes for food fortification and supplementation. The success of salt iodization as a highly cost-effective approach to reducing iodine deficiency disorders (IDD) continued, although more work needs to be done in Eastern Europe and West Africa. UNICEF supported IDD prevention in 92 countries, including awareness-raising, salt iodization, advocacy for legislation and quality assurance. In China, following a massive campaign, preliminary survey findings indicate that the coverage rate for iodized salt has increased to 95 per cent. UNICEF also contributed to new legislation on universal salt iodization in 14 countries, and declining IDD rates were reported in Bhutan, Georgia, Lesotho, Turkey and Zambia. Coordination between health and trade ministries can be a major challenge in promoting salt iodization, as can weak regulatory mechanisms. UNICEF works extensively with the Kiwanis on IDD reduction as well as with legislators, consumer groups, non-governmental organizations (NGOs) and salt producers.

Target 3:
In all countries where birth registration is not almost universal, promote more effective birth registration systems with focus on highly disadvantaged groups.

39. UNICEF has rapidly widened its support for birth registration among highly disadvantaged children through legal and policy reform, mobilizing volunteers, promoting the registration of children in conflict and working closely with local governments. Countries making notable progress include Angola, Bangladesh, Indonesia and Uganda. The training of registrars and community mobilization linked to immunization and other services have emerged as strategies for accelerating progress.

Target 4:
In all countries, increase the knowledge and practice among families and communities of key behaviours for the care and support of young children and women.

40. UNICEF promoted key practices among families and communities for the care and support of young children and mothers in 70 countries, through training of community workers, parental education, media campaigns, studies on existing practices and support to community networks. A standard list of recommended family care practices is now being used in 67 countries, based on UNICEF/WHO recommendations. In more than one half of these countries, the list integrates practices in health, nutrition, WES, early learning and child protection. Parental education and support programmes were held back in some countries by a lack of experience for going to scale, although this is now beginning to accumulate.

41. In 10 countries, UNICEF supported media campaigns and community programmes to encourage responsible fatherhood. Studies have highlighted the marginal role of fathers in many societies as a key constraint to improving care practices. New approaches can help to increase their involvement, such as the use of Friday sermons to reach men in Jordan.

42. UNICEF supported the promotion of exclusive breastfeeding in 97 countries and continued to monitor compliance with the International Code of Marketing of Breastmilk Substitutes. Improved breastfeeding practices were reported in Belarus, Guatemala and Uzbekistan, and UNICEF advocacy helped to establish policies in Bhutan and Pakistan. However, the promotion of breastfeeding has not been adequately sustained in many countries. Uncertainty about HIV and infant feeding is weakening breastfeeding practices in parts of Africa.

43. In all regions, UNICEF work with communities is facilitated by partnerships with local NGOs, which are able to act as communicators. Partners also include the media, religious leaders and community health and education workers. Partners in the area of young child feeding and breastfeeding promotion include ministries of health and social welfare, local NGOs, United Nations theme groups, USAID, UNDP, WFP and WHO.

Target 5:
Increase participation by young children in appropriate community or group child care, with particular attention to the most disadvantaged children.

44. Baseline assessments showed that UNICEF is more extensively involved in supporting home- and centre-based group care for children than was previously thought. UNICEF cooperation included policy formulation, training of educators and the development or provision of learning materials. In many countries, child-care centres are an important mechanism for integrating programming and parental education and support. A number of countries are using these centres to provide opportunities for the most vulnerable children. In some of the poorest countries, however, child-care programmes still have very limited coverage and operate without national standards or training.

C. Immunization "plus"

Estimated expenditure: $260 million[1]
Millennium Development Goals: 4, 5, 6
A World Fit for Children: Promoting healthy lives
Articles of the Convention on the Rights of the Child: 2, 3, 6, 24, 27

45. In 2002, UNICEF support to immunization and vitamin A supplementation helped to avert hundreds of thousands of deaths and prevent many more disabilities. These results were achieved through the promotion and use of highly cost-effective immunization and supplementation techniques, and support to planning and management. UNICEF remained the world's largest purchaser of childhood vaccines and continued to contribute to global immunization partnerships.

46. The policy of UNICEF is to support routine immunization services that regularly reach all children with vaccines and, where necessary, vitamin A supplements. Immunization "plus" services are part of nationally agreed plans, are managed through government-led Inter-Agency Coordination Committees (ICC), and contribute to health system reform. This work forms part of health SWAPs and poverty reduction strategies where they exist. Immunization campaigns contribute to accelerated disease eradication efforts.

47. UNICEF provided technical support for revising national immunization policies to reflect changing disease epidemiology, introducing new vaccines, safer technologies and delivery strategies, and addressing the problems of vaccine security, injection safety and waste disposal. In response to armed conflicts, UNICEF and other United Nations agencies advocated for humanitarian access for immunization and other services. Training – often supported by WHO and the World Bank - focused on service delivery and cold-chain management. UNICEF support was often targeted to low-performing districts, as demanded both by good public health practice and a human rights-based approach.

48. In 2001, the latest year for which data are available, 2.5 million children died due to vaccine-preventable diseases. Global immunization coverage rates were 73 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine (DPT), 79 per cent for tuberculosis vaccine, 75 per cent for three doses of oral polio vaccine (OPV), 72 per cent for measles vaccines and 53 per cent for two or more doses of tetanus toxoid vaccine (TT2 plus). Economic crisis, heavy debt burdens and armed conflict continued to impede further improvements in global coverage rates.

[1] In addition, UNICEF procured $51 million worth of vaccines and immunization supplies through its procurement services, and $50 million worth on behalf of GAVI. Nearly $9 million worth of vitamin A was donated by the Micronutrient Initiative.

Target 1:
By 2003, every assisted country to have a multi-year plan outlining strategies and resource needs. By 2005, 80-per-cent immunization coverage in every district for each antigen in at least 80 per cent of countries; global certification of polio eradication; measles mortality reduced by half; elimination of maternal and neonatal tetanus (MNT); 100-per-cent increase in the number of countries achieving 70-per-cent coverage of vitamin A twice per year.

49. Of 162 programme countries, 110 have developed a multi-year plan for immunization. In addition to good plans, however, reaching the coverage targets by 2005 will require sustained investments in district health systems, including cold-chain and outreach activities. UNICEF provides assistance to national immunization programmes through support for the development of policies and guidelines, training, logistics and the procurement of equipment and vaccines. Government capacities were also strengthened through support to microplanning in high-risk areas, surveillance systems, surveys and evaluations. As of April 2001, 43 countries had reached the target for routine coverage levels of 80 per cent or above in every district, 23 countries had 80-per-cent coverage in 80 to 99 per cent of districts, and 11 countries had 80 per cent coverage in 50 to 79 per cent of districts.

50. The application process for the Global Alliance for Vaccines and Immunization (GAVI) provides a major opportunity for the formation or re-invigoration of national ICCs. The ICC is a key instrument for coordinating country-level activities. Through this and other frameworks, UNICEF works with ministries of health, WHO, multilateral, bilateral and NGO partners. Immunization is also an important component of health SWAPs, e.g., in Cambodia, Malawi and the United Republic of Tanzania.

51. The major accelerated disease control effort, the Global Polio Eradication Initiative (led by UNICEF, WHO, the United States Centers for Disease Control and Prevention (CDC) and Rotary International), made further strides. Just seven countries were polio-endemic by the end of 2002, down from 10 a year earlier. A record 550 million children received OPV in 95 countries, and in the 10 countries where polio was still circulating by end 2001, UNICEF and partners supported over 50 National and Subnational Immunization Days (NIDs/SNIDs), reaching more than 200 million children. UNICEF purchased and delivered virtually all of the vaccines used in these campaigns, some 1.3 billion doses of OPV.

52. Outbreaks in parts of two countries raised the global total of reported polio cases above 1,000. Instability continued to hamper polio eradication efforts in parts of Africa and Afghanistan. These setbacks showed the difficulty of reaching final affected populations and the importance of strong social mobilization to sustaining immunization efforts. UNICEF support to NIDs and SNIDs is now phasing out in non-endemic countries, with 60 countries supported in 2002 compared to 75 in 2000. Europe was certified polio-free, but UNICEF continued to support polio campaigns in Bulgaria and Georgia, in response to imported cases.

53. UNICEF and WHO have identified 45 countries where 94 per cent of all measles-related child deaths occur. In the period 2000-2002, 170 million additional children were vaccinated against measles through campaigns in 21 of these 45 priority countries, and the Measles Initiative (led by UNICEF, WHO, the American Red Cross and CDC) prevented an estimated 170,000 child deaths. UNICEF support is now focused on improving routine immunization in countries that have conducted "catch-up" campaigns. UNICEF also supported emergency campaigns in response to measles outbreaks among vulnerable populations.

54. WHO estimates that an additional 15,000 fewer infants per year died of tetanus in 2000-2001 due to accelerated MNT activities. The focus of global efforts to eliminate MNT in 2002 was on 57 countries that have not achieved the goal of elimination in all districts; 32 of them have developed national plans of action. The district-level approach for MNT elimination has shown success and is used for strengthening routine coverage. While four countries were provisionally validated to have eliminated neonatal tetanus, many others have limited routine services and require supplemental activities.

55. UNICEF supported supplemental immunization activities in 15 of these 57 countries and plans MNT activities in 26 countries in 2003. In Pakistan, about 22,000 local women vaccinators supported the MNT campaign. The ease of use of TT pre-filled "Uniject" auto-disable (AD) devices was confirmed in trials in Mali. Global funding shortages, political commitment in some priority countries and suspicions among some populations are challenges for achievement of the MNT goal. Partners include UNFPA, WHO, the USAID Basic Support for Institutionalizing Child Survival

("BASICS") project, CDC, the Program for Appropriate Technology in Health and Save the Children USA. Funding partners include the Government of Japan, the United States Fund for UNICEF and the Bill and Melinda Gates Foundation.

56. In 2002, UNICEF assisted a total of 87 countries through vitamin A capsule distribution, food fortification and communication campaigns. UNICEF also advocated with Governments to integrate vitamin A distribution with routine immunization or NIDs, to legislate for staple food fortification and to expand post-partum supplementation. In 2001, over 200 million children received one or more capsules of vitamin A, saving an estimated 470,000 lives. Some 44 countries had achieved over 70 per cent coverage for one round of supplementation, and 17 countries for two rounds. In 2002, UNICEF shipped 390 million capsules provided by the Micronutrient Initiative.

57. Although 30 countries had alternative distribution mechanisms, vitamin A supplementation was still heavily dependent on polio campaigns. There is a need to develop ways to sustain vitamin A supplementation as polio campaigns increasingly are phased out. In some countries, the administration of vitamin A is restricted to health professionals, which limits wide-scale supplementation activities. Distribution to new mothers increased in at least four countries and there was progress on food fortification in a few others. Key partners include WHO, the Canadian International Development Agency, USAID and the Micronutrient Initiative.

Target 2:
Maximize safety of injections.

58. Together with UNFPA and WHO, UNICEF is committed to assisting countries to introduce AD syringes for all immunization services by 2003. UNICEF and other partners supported the development of safe injection plans for 35 countries eligible for support from GAVI. One third of countries are already providing all immunization services using AD syringes, as are almost all campaigns using an injectable vaccine. This has dramatically improved injection practices but has also increased the challenge of waste management. Under the GAVI safe injection programme, UNICEF shipped more than 54 million AD syringes to 18 countries.

Target 3.
Ensure the security of global vaccine and vitamin A supplies.

59. UNICEF led a series of global and regional advocacy efforts on the issue of vaccine security, focusing on the fragile market for the vaccines used in developing countries. UNICEF, WHO and the World Bank launched the *State of the World's Vaccines and Immunization* report, which drew attention to the increasing inequities between rich and poor countries in terms of access to immunization services, new vaccines and research. UNICEF also promoted messages on injection safety to strengthen public trust in immunization. Through its Supply Division, UNICEF initiated a global vaccine stock-out monitoring system and supported more than 80 countries in capacity-building for vaccine forecasting and the procurement of high-quality, affordable vaccines.

60. As a result, there is a wider global understanding of the issues surrounding vaccine security. However, vaccine supply for LDCs remains at risk due to the exit of manufacturers from the market and the divergence of products between markets. Supply of DPT, TT and measles vaccines will be constrained in 2003. Funding shortfalls for routine vaccines of the expanded programme on immunization also affect supply. Meanwhile, the higher costs of newer vaccines may increase short-run dependence on GAVI, UNICEF and other external partners.

61. UNICEF also supported activities to reduce vaccine wastage, including improved cold-chain management and inventory and monitoring systems. However, capacities to forecast and manage vaccines need further strengthening. Capacities to manage the cold chain were promoted in 54 countries, as were practices to reduce vaccine wastage.

62. UNICEF led the GAVI Vaccine Provision Project, which facilitates the forecasting and procurement of new vaccines. UNICEF procured over 2 billion doses of vaccines to support routine immunization services and campaigns in 2002. This included vaccine delivery on behalf of GAVI and the introduction of hepatitis B and *haemophilus influenzae* (Hib) vaccines. UNICEF facilitated the introduction of these new vaccines in 39 countries by providing technical support to the GAVI application process. In some 18 countries, health SWAPs are a major vehicle for this work.

Target 4:
Affirm immunization as a global public health good and ensure by 2003 that every assisted country is implementing communication strategies to sustain demand.

63. UNICEF continued to support communication strategies for routine immunization and accelerated disease control campaigns, and 34 countries have developed national communication campaigns. UNICEF also supported social mobilization through the Global Polio Eradication Initiative, particularly in India, Nigeria and Pakistan,. However, national capacities for communication planning and implementation need to be strengthened further. Communication activities are implemented through the GAVI and polio partnerships, which include Governments, WHO, USAID, civil society and the media.

Target 5:
By 2003, every assisted country will have begun to implement strategies to reach populations not reached by immunization services. In emergencies, ensure timely provision of measles vaccine and vitamin A supplements.

64. Measles immunization is probably the single most important preventive public health measure for emergency-affected populations. UNICEF supported mass measles immunization campaigns in 38 countries, with simultaneous distribution of vitamin A in 25 of them, including Afghanistan, Angola, the Democratic Republic of the Congo and Zambia. Some 60,000 measles-related deaths are estimated to have been averted through these campaigns.

65. UNICEF support to immunization campaigns focuses on difficult-to-reach areas, while district-level planning of routine services focuses on poorly covered populations. Immunization was extended to unreached communities in several countries in East Africa and in the Democratic People's Republic of Korea through "child health" days. In areas with no national system in place, such as Southern Sudan and Somalia, UNICEF supports the direct provision of immunization by working with extensive local networks of CSOs.

D. Fighting HIV/AIDS

Estimated expenditure: $96 million
Millennium Development Goals: 3, 4, 6
***A World Fit for Children*:** Combating HIV/AIDS
Articles of the Convention on the Rights of the Child: 2, 3, 6, 8, 21, 24, 28, 29

66. UNICEF is committed to an aggressive response to HIV/AIDS not only because of the pandemic's extraordinary threats to and impact on children and women but also because it is preventable. Although families and communities are confronting HIV/AIDS, their successes remain small in scale. The most daunting challenge ahead is to catalyse the leadership, major resources and partnerships – including with young people – necessary to bring proven interventions to scale, to halt new infections and to support and care for those living with and affected by HIV/AIDS. Progress in all five priority areas of the MTSP will directly address the conditions which help the spread of HIV/AIDS.

67. The year 2002 was pivotal for UNICEF work on HIV/AIDS, which focused on the four targets established in the MTSP through which the organization contributes to the commitments adopted at the General Assembly Special Session on HIV/AIDS and reaffirmed in *A World Fit for Children*. To support its work in these areas, UNICEF developed policy and programme guidance, strengthened staff capacities and dissemination of information, conducted high-level advocacy and used evaluations to improve the quality of various interventions. UNICEF and its partners published key documents on HIV and young people and on orphans and vulnerable children (OVCs). The role of UNICEF as a convener in the fight against HIV/AIDS was more evident and facilitated the development of strategies for action.

68. As a result of expanded capacities and a rapid rise in programme expenditures in 2002, UNICEF efforts to fight HIV/AIDS have intensified. The organization has gained valuable experience in the last 2-3 years which will allow it to further accelerate and scale up efforts based on evidence. Specifically, UNICEF and partners have helped to lay the basis for expanded and more effective national and international action for reducing the risks faced by young people, preventing the vertical transmission of HIV, providing care and support and addressing the urgent needs of OVCs.

69. However, all agencies with responsibilities related to the AIDS epidemic continue to face a spreading "wildfire" – one with increasingly global proportions and direct links to humanitarian crises. Each of the MTSP target areas for fighting HIV/AIDS requires greatly intensified efforts, increased resources and further innovation, building on good practices that have been demonstrated so far. The acceleration of efforts will be pursued by UNICEF through UNDAFs, the CAP, SWAPs and poverty reduction strategies, continued leveraging of support from the Global Fund to Fight Aids, Tuberculosis and Malaria and strengthening country theme groups coordinated by the Joint United Nations Programme on HIV/AIDS. UNICEF will also need to further scale up its contributions through country-level support, convening of partners, monitoring, evaluation and resource mobilization; and to strengthen its leadership role and advocacy for children and families affected by HIV/AIDS.

Target 1:
By 2005, all UNICEF country programmes to have conducted an analysis of the impact of HIV/AIDS on children and young people, and developed strategies and actions to respond.

70. A national situation analysis on HIV/AIDS, children and young people has been undertaken in 70 countries. In 54 countries, UNICEF supported surveys or studies to assess trends in the epidemic and its impact on children. UNICEF engaged in advocacy with decision makers and supported policy development and capacity-building activities for government agencies and CSOs in over 80 countries.

71. UNICEF also supported the development and implementation of national or large subnational communication and social mobilization campaigns, to provide information, combat stigma and discrimination, and link people with services. However, stigma and discrimination continue to be widespread, both in countries where HIV/AIDS is an emerging problem and where there are well-established efforts to "break the silence". Strategies to address this problem have included working directly with people living with HIV/AIDS, young people and religious leaders.

72. These activities have resulted in improved policies, strategies and legislation; equipped young people to protect themselves from infection; expanded programmes to prevent parent-to-child transmission (PPTCT) of HIV; and established new mechanisms for protecting orphans and others affected by the epidemic. UNICEF advocacy helped to improve the policy or legal framework in some 26 countries, including, for example, the repeal of discriminatory laws in El Salvador and improved registration of orphans in Lesotho. School networks are used increasingly to expand the impact of HIV/AIDS outreach programmes.

73. UNICEF collaborates with Governments, national HIV/AIDS councils, UNAIDS, WHO and other United Nations agencies, NGOs, CSOs, bilateral agencies, associations of young people, groups of people living with HIV/AIDS and professional associations. The United Nations theme groups are another key mechanism. However, more emphasis on HIV by partners is still needed in emergencies. UNICEF advocates for the prioritization of HIV/AIDS within major funding channels, e.g., the SWAP framework in the United Republic of Tanzania and poverty reduction strategies in Azerbaijan and Malawi.

Target 2:
By 2005, ensure that national policies have been approved and action plans are being implemented to reduce the risk and vulnerability of young people to HIV infection, in countries with emerging, concentrated and generalized epidemics.

74. UNICEF sought to ensure that issues related to HIV prevention and young people, particularly adolescent girls, were placed on national agendas and that young people's knowledge, skills and access to services were increased within a supportive environment. The urgency was intensified by new data analysis which showed that young people are still largely uninformed about how to protect themselves against HIV and perceive the risks to be low. However, policy and legal frameworks as well as health services still often fail to reflect the specific needs of adolescents and young people.

75. UNICEF assistance sought to empower young people and adults to develop awareness-raising and information programmes that will increase knowledge of HIV/AIDS. Some 79 UNICEF offices supported general awareness-raising and a few countries adopted communication strategies that specifically address youth. UNICEF has supported the development of national strategies to develop life-skills-based education programmes through schools and with communities in 64 countries and has begun working systematically with young people in 13 countries to increase knowledge of the basic facts. Such approaches, and partnerships with sports associations and other groups, have helped to reduce stigma and promote discussion within communities.

76. Some 22 countries strengthened the availability of health services that respond to the specific needs of young people. UNICEF provided support particularly for the training of young people and service providers, diagnosis and treatment of sexually transmitted infections, HIV voluntary counselling and testing and ensuring access to condoms for sexually active young people in conjunction with communication programmes that emphasize the "ABC" approach (Abstinence; Be faithful; Consistent condom use). UNICEF also focused on reducing the vulnerability of young people at high risk, including young sex workers, drug users, exploited and displaced children, children in institutions, and young people in high-risk occupations.

Target 3:
By 2005, ensure that policies and plans are under way to prevent parent-to-child transmission of HIV in all affected countries.

77. UNICEF offices contributed to increasing the coverage, effectiveness and sustainability of PPTCT programmes in 58 countries in 2002, up from 30 in 2000. This included the training of technicians and counsellors, and provision of anti-retroviral drugs and other supplies. However, there are major constraints in terms of weak infrastructures, budgets and human resources.

78. The Inter-Agency Task Team on Prevention of Parent-to Child-Transmission, in an evaluation of experience since 1999 in 11 UNICEF-supported pilot programmes, found that they demonstrated the feasibility of the interventions in the context of poverty. In India, for example, vertical transmission of HIV was reduced from 33 to 8 per cent in the target areas. Challenges include bringing the initiatives to scale, ensuring that women receive counselling before testing and increasing the percentage of women found to be HIV-positive who actually receive antiretroviral drugs. PPTCT "Plus" – an initiative which will provide antiretroviral therapy to HIV-infected mothers and their partners – will provide a key entry point for care and support interventions. UNICEF supported the design of this initiative and will play a key role in procurement. The main partnership framework for PPTCT is the Inter-agency Task Team, which includes experts from UNAIDS, UNFPA, UNICEF, WHO, the World Bank and other partners.

79. UNICEF assisted the development of comprehensive policies on infant and young child feeding in 15 countries and provided support to HIV-positive mothers and their infants in 36 countries. National guidelines or laws were developed in Botswana, Egypt, El Salvador, Zambia and Zimbabwe. UNICEF also played a key role in finding pragmatic ways to address the dilemmas related to HIV and infant feeding. Directions to field offices were issued which allow for providing infant feeding support to HIV-positive mothers while promoting exclusive breastfeeding with the general population. Major partners in this area are UNAIDS, WHO, Columbia University, paediatric associations, health workers, counsellors, nutritionists and breastfeeding promotion groups.

Target 4:
By 2005, ensure that national policies and plans are implemented to ensure protection and care for children orphaned or made vulnerable by HIV/AIDS in all affected countries.

80. As the global convener for OVCs, UNICEF has a unique responsibility for advancing support to these children. In 2002, UNICEF focused on the development of national action plans for their protection and support, including advocacy for improved legislation, policy development and the expansion of services for caregivers. UNICEF directly contributed to community initiatives and services for OVCs in 44 countries and promoted their school attendance through support to school-feeding programmes, training of teachers, provision of classroom materials and incentives. Working with WFP in particular, UNICEF focused its activities in southern Africa on multisectoral responses to the critical needs of vulnerable children provoked by the combination of AIDS and drought. The global regular resource set-aside was used to launch many of these initiatives.

81. A high-level African Leadership Consultation convened by UNICEF provided impetus, guidance and accountability for addressing the issue of OVCs. An estimated 30 African countries have drafted strategies for their protection and care. Workshops convened with UNICEF support and a global analysis of data by UNICEF, UNAIDS and USAID have resulted in the development of strategies and guiding principles for supporting OVCs. Resources, partnerships and programmes can now be mobilized around this normative framework.

82. Major partners for the protection and care of OVCs include the Save the Children Alliance, USAID, Family Health International and the Red Cross. Faith-based organizations – such as the Regional Buddhist Leadership Initiative in Asia – are key partners, especially for community capacity-building and awareness-raising.

E. Protection of children from violence, abuse, exploitation and discrimination

Estimated expenditure: $117 million
Millennium Development Goals: Millennium Declaration, Section VI
A World Fit for Children: Protection against abuse, exploitation and violence
Articles of the Convention on the Rights of the Child: 2, 3, 6-9, 11, 16, 19, 20-23, 30, 34-40

83. Abuses of children constitute massive, under-recognized barriers to child survival and human development. *A World Fit for Children* recognized child protection as a major challenge and UNICEF sees it as integral to achieving the Millennium Development Goals. More needs to be done, however, to increase awareness of the linkages between protection failures, such as violence and abuse, and the international development goals.

84. Preventing or mitigating the most glaring failures to protect children is central to this MTSP priority, and UNICEF has recognized the need to play a more effective role as both actor and advocate. The earlier focus on small-scale projects is now being replaced by a more systemic approach, based on a better understanding of how and why children remain unprotected. UNICEF country-level cooperation is now showing a much improved balance between assistance to small-scale interventions and to knowledge-building, advocacy and the strengthening of national policies and systems. Where UNICEF continues to support pilot projects and training activities, it is important to ensure that these include clear provisions for impact evaluation and building on lessons learned.

85. In 2002, the organization scaled up its support for country-level analysis and many UNICEF-supported assessments were used as a basis for designing interventions. A serious weakness remains the lack of available indicators for monitoring of child protection. Groundwork was done to identify direct and "proxy" indicators at global level and in a few countries, which will enable advances to be made in 2003.

86. UNICEF is also contributing more effectively to building national consensus on sensitive issues that place children at risk. An example of this was intensified UNICEF advocacy for the adoption of international standards for children affected by conflict and by sexual exploitation. Partnerships with regional organizations grew in scope, as did such cross-sectoral approaches as preventing child labour through school feeding programmes, promoting school access for children with disabilities and using health services to detect abuse. The MTSP has helped UNICEF to identify these linkages and to find opportunities for incorporating child protection measures within sectoral programmes.

87. A significant barrier to progress is the continued lack of recognition in many countries of the worst forms of child labour, as well as neglect of children with disabilities and repressive approaches to adolescents in conflict with the law. The protection of children and women – and specifically girls – is still not adequately ensured in emergency situations, due in part to lack of international funding for protective measures. In addition, the progress seen in mobilizing leaders for the elimination of female genital mutilation (FGM) has not yet translated into clear reductions in the practice itself.

Target 1:
Identify indicators for, document and analyse the impact of violence, abuse, exploitation and discrimination against children as a basis for interventions.

88. UNICEF and/or Governments have initiated an analysis of the impact on children of violence, abuse, exploitation and discrimination in 91 countries, and follow-up measures have been developed in 48 countries. UNICEF offices also sponsored studies on specific issues including physical and psychological violence against children in homes, schools and institutions, harmful practices, juvenile justice, trafficking, children with disabilities and child labour.

89. Child protection studies are forming the basis for policy and legal initiatives particularly in Eastern Europe, Indonesia, the Islamic Republic of Iran, Lesotho, Mali, Mexico, Thailand, Viet Nam and Yemen. In such countries as Afghanistan, Benin, the Lao People's Democratic Republic and Pakistan, UNICEF-supported studies are promoting the views of children themselves in the development of protection policies.

90. Many countries have not yet adopted national child protection indicators, which limits efforts towards policy and legislative reform. Many countries also lack the capacity to monitor the wider child protection environment. However, support to subnational agencies has been found to be a promising strategy for increasing capacity for protection in the Americas, including local monitoring and complaints procedures.

91. Global partners include the International Labour Organization (ILO) and its International Programme for the Elimination of Child Labour, the International Organization for Migration, the Office of the United Nations High Commissioner for Human Rights (UNHCHR), the Office of the United Nations High Commissioner for Refugees, the Save the Children Alliance and other NGOs, the Governments of Denmark, the Netherlands and Sweden, the European Union and the World Bank. Important national allies include NGOs, child rights advocacy groups and faith-based organizations, as well as a range of government partners and universities.

Target 2:
Work with Governments on national standards for the protection of children not in the care of their families, in conformity with international standards.

92. UNICEF advocated and provided assistance in 80 countries for the ratification without reservations of relevant international laws on the liberty of children and children in institutions. New policies, laws or amendments were developed with UNICEF support. However, the time needed for building consensus on legislation can be lengthy and shortages of legal professionals can cause delays.

93. UNICEF also promoted local alternatives to the detention of young people in eight countries, and supported assessments of the juvenile justice system in Caribbean countries and in Cambodia and Mongolia. Examples of good practices in juvenile justice are shared across countries, e.g., in Eastern Europe. However, prevailing attitudes towards adolescents often continue to result in punitive approaches to detention. In Panama, a UNICEF-supported study helped to address this issue by showing that only 3 per cent of reported crimes were committed by juveniles.

94. UNICEF continues to support efforts to mitigate the effects of childhood disability, for example in Central and Eastern Europe, and to promote the inclusion of disabled children in communities and schools.

95. Key governmental partners are ministries of the interior and of justice. UNICEF also works with associations of judges and lawyers, child rights commissions and ombudspersons. Faith-based organizations are promoting the protection of orphaned children in Ethiopia, the Philippines, Swaziland and elsewhere.

Target 3:
Support countries towards eliminating trafficking of children, sexual exploitation, forced and bonded labour of children, and use of children in conflict.

96. UNICEF engaged in policy dialogue and supported research and actions towards the elimination of the sexual exploitation and trafficking of children in 82 countries. Interventions included communication campaigns, help-lines, support to databases and regional collaboration. The Innocenti Research Centre published a review of child trafficking in West Africa. In that region and in East Asia, UNICEF contributed to new policies, programmes and public awareness on child trafficking. A number of constraints exist, however. Worsening economic conditions are thought to have led to an increase in trafficking and child labour in several regions, while sexual exploitation often continues to be seen as a purely private issue. A clearer understanding is needed of the linkages between the sexual exploitation of children and HIV/AIDS. On a positive note, many Governments have already made public statements on trafficking or sexual exploitation of children, providing an opportunity to design policies and actions.

97. UNICEF offices encouraged ratification of ILO Convention 182 on child labour, which had been ratified by 132 countries by the end of 2002. UNICEF also encouraged Governments to ratify the Optional Protocols to the Convention on the Rights of the Child and advocated on behalf of children in armed conflict in 45 countries. By year end, 43 countries had ratified the Optional Protocol on Children in Armed Conflict. UNICEF provided support to displaced children in 24 countries and for the demobilization of child soldiers in 15 countries. In conflict-affected regions of Africa, and in Afghanistan and Sri Lanka, UNICEF helped to reintegrate former child soldiers into communities and schools and to provide life skills and training.

98. Immigration departments and other authorities worked with UNICEF on trafficking, while the media, NGOs and the tourist industry were involved in awareness-raising and resource mobilization. ILO is a key partner for initiatives against the worst forms of child labour. For the reintegration of child soldiers, UNHCHR, the World Bank and the Save the Children Alliance are major partners.

Target 4:
Develop, fund and implement interventions for the reduction of violence against children.

99. To promote the reductions of physical and psychological violence against children, UNICEF supported research and training in over 70 countries; promoted community capacity-building; undertook advocacy and promoted measures for the reduction of violence in schools. In Swaziland and the United Republic of Tanzania, "community justice facilitators" and "child protectors" are strengthening local mechanisms for the prevention of violence, as are "watch groups" in East Asia. There is also potential for much wider involvement of men in the protection of children. UNICEF is beginning to assess strategies for mobilizing men against violence and in support of all the MTSP priorities. Partnerships include youth networks, media groups and national networks such as Nicaragua's Women's Network on Violence. UNICEF has helped to involve doctors in the prevention of child abuse in Indonesia and works with UNDP and the police on domestic violence issues in Mozambique.

100. UNICEF broadened its support to programmes to combat FGM through initiatives in 19 of the 28 countries in which the practice is prevalent. UNICEF advocacy also addressed other harmful traditional practices, including early and forced marriage. Advocacy has resulted in the adoption of a law to ban FGM in Niger and legislation is being developed in Ethiopia. In Sudan, Somalia and elsewhere, religious leaders have emerged as anti-FGM advocates. In some countries, attitudes among decision makers and local leaders continue to hinder progress in the abolition of harmful practices. Other constraints have included *ad hoc* approaches, the lack of international goals prior to 2002 and funding shortfalls. Key partners in this area are UNDP, UNFPA, WHO, bilateral agencies, the Inter-African Committee on traditional practices affecting the health of children and women, CSOs and traditional leaders.

III. Strategies for achieving the organizational priorities

A. Programme excellence and effective country programmes of cooperation

101. Effective country programmes of cooperation are the primary vehicle through which UNICEF delivers results for and with children. Headquarters and regional offices provided improved technical support to country offices in 2002, focusing on the five organizational priorities. Reporting systems were revised and new tools were piloted for results-oriented programme planning and monitoring. The Programme Policy and Procedures Manual was updated to incorporate standards for quality assurance of evaluations, emergency preparedness planning and the latest developments in United Nations reform.

102. UNICEF engaged independent reviewers to analyse experience since 1998 with the human rights-based approach to programming, and country studies were also published on strategies for promoting child rights in cities. Guidance was developed on the promotion of child participation in UNICEF-assisted programmes, drawing on good practices. The mainstreaming of gender concerns in UNICEF cooperation was supported by the operational guidance issued in 2002 for the MTSP, but still needs to be strengthened through a more systematic approach.

103. Certain weaknesses in programme management were highlighted by a review of recent internal audit reports, including in the setting of annual objectives and the use of integrated monitoring and evaluation plans. These weaknesses will be addressed in 2003 through strengthening training, guidance, reporting and regional oversight. As a first step, a standard set of management performance indicators was introduced in the country office annual reports for 2002.

104. Following the Executive Board's decision on the UNICEF evaluation policy (decision 2002/9, E/ICEF/2002/8), the secretariat began working to ensure transparency, impartiality and independence of evaluations and to support programme countries in evaluating their own programmes. The Evaluation Database was made available on the UNICEF internet site. Country programme evaluations were conducted in Mauritius and the Pacific Island Countries as part of a field test of these evaluations as a tool for results-based management.

B. Partnerships for shared success

105. The General Assembly Special Session on Children, held in May 2002, was a milestone event that put children at the centre of global efforts to ensure their rights. The Special Session was also the focus of UNICEF work throughout the year in terms of partnerships and information, communication and advocacy. Nearly 95 million people in over 190 countries were involved through the "Say Yes for Children" campaign promoted by UNICEF and its partners in the Global Movement for Children (GMC). Starting with the Children's Forum, young people figured prominently in the Special Session and their involvement lent credibility to the gathering itself, and increased public interest in children's rights in general. The Secretary-General said that the participation of children in the Special Session "marked a new chapter in the history of the United Nations".

106. A broad coalition of partners, including children and young people, are working to make *A World Fit for Children* a reality. The GMC, including Save the Children, World Vision International, Plan International, the NetAid Foundation, the Bangladesh Rural Advancement Committee and Care International, is working with country-level partners to implement the ambitious agenda adopted at the Special Session. UNICEF has established a new Office for Public Partnerships to coordinate the organization's efforts with this wide range of partners.

C. Influential information, communication and advocacy

107. UNICEF continues to be an authoritative and credible voice on children's issues globally. This voice is reflected in the media and publications, advocacy, programme communication and social mobilization, policy analysis and data collection. Some of the major achievements for 2002 are highlighted below.

108. With its new corporate brand, UNICEF worked to position itself more clearly and consistently, issuing a new *Brand Book* and *Toolkit* for staff. The new look and standards were rolled out beginning with the *UNICEF Annual Report, The State of the World's Children* report and the UNICEF web site, which had 56.6 million hits in 2002, up from 36 million in 2000. The 37 National Committees for UNICEF continued to be vital partners in promoting UNICEF and its messages in their national media, as well as in fund-raising.

109. The Executive Director met with the Committee on the Rights of the Child, and an agenda was established to intensify collaboration between UNICEF and the Committee, in order to support its work in promoting child rights at the country level.

110. UNICEF developed a conceptual framework which harmonises economic and rights-based approaches to development and also reviewed the relationship between poverty reduction strategies and a human rights-based approach to policy and planning. A study in West and Central Africa documented how attention to gender issues faded during the later stages of poverty reduction strategies. UNICEF also completed an analysis of household survey data to identify disparities in service delivery in 24 countries in four regions. Some of these countries are now using the findings to inform poverty reduction strategies and SWAPs.

111. The Innocenti Research Centre's *Report Card* series focuses on the situation of children in industrialized countries. *Report Card No. 4, A league table of educational disadvantage in rich nations*, provided the first overview of the performance of schools in reducing educational disadvantage, showing that mothers' education is a major determinant of learning achievement in every country and that educational disadvantage is established very early in life. The Centre's *Social Monitor 2002* offered a comprehensive review of social trends in Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States, based on a network of researchers and statistical offices in 27 countries.

112. The multiple indicator cluster surveys (MICS), carried out from 1999 to 2001 to collect data on goals established by the World Summit for Children, have provided a major information base for the MTSP. Recent analyses include prevention and treatment of malaria and pneumonia; orphans; knowledge and attitudes about HIV/AIDS; antenatal and birth care; primary school attendance; child survival by age, wealth index and geographically; and child labour and its impact on education. The MTSP has pushed UNICEF to develop a range of new indicators, including on ECD, orphans, adolescents, the worst forms of child labour, children affected by armed conflict and the quality of education. These developments will inform changes in the next round of MICS in 2005, which will be used in monitoring both the Millennium Development Goals and the goals of *A World Fit for Children*.

113. UNICEF shared its experience with the data collected through the MICS with United Nations partners to develop the Secretary General's annual report on progress toward the Millennium Development Goals, and offered its *ChildInfo* software package to help collect, organize and display country data and to facilitate reporting at regional and global levels.

D. Excellence in internal management and operations

114. UNICEF internal management and operations continued to evolve to support the achievement of results under the MTSP. The Office of Internal Audit conducted audits of 32 field offices, paying particular attention to programme management. These audits will be discussed in the Office's annual report to the Executive Board later in the year.

115. UNICEF developed a change plan for human resources in support of the MTSP, emphasizing gender balance, a broad representation of nationalities among staff at all levels, and enhancement of staff well-being. Of particular interest are the development and use of competency profiles for recruitment, development and appraisal of staff. A "pool model" for succession management has been developed. These initiatives are linked to a new personal and professional development system which emphasizes the tripartite relationship between individual staff, supervisors and the organization.

116. In the field of learning and training, the emphasis was on leadership development and management training, and on learning activities to enhance on different aspects of the MTSP. Two courses were held for senior leaders, involving 44 senior staff (mainly, but not exclusively, heads of UNICEF offices around the world). Another global workshop on management development was held for 30 selected senior programme and operations officers. At the other end of the spectrum was a course for 14 young entry-level professionals, identified by the organization as possible candidates for future leadership. The initiative for women leaders continued from the previous year, reaching 26 current and potential women leaders. Programme excellence was the other emphasis during the year. The development of a learning strategy and materials included a comprehensive manual for programme process training, accompanied by a phased roll-out plan via the regional offices. Plans were also underway to produce an interactive CD-ROM containing self-directed modules of study on programme process skills. Throughout the year, there was a strategic movement away from over-dependence on workshop-driven training towards the development of learning materials and activities that allow staff access to meet their learning needs through such self-driven, customized media as distance and electronic learning initiatives.

117. Supply operations continued to be a critical component of UNICEF work in 2002. Total global procurement amounted to $541 million, with the Supply Division in Copenhagen managing $353 million in offshore procurement and regional and local offices procuring supplies worth $188 million. These totals include procurement for UNICEF country programmes, procurement services on behalf of other partners (which amounted to $120 million of the total), and GAVI procurement. Donations in kind, primarily vitamin A from the Micronutrient Initiative, amounted to nearly $9 million. Continuing the trend of recent years, vaccines, safe injection materials and cold-chain equipment accounted for nearly half of UNICEF global procurement. UNICEF also purchased over $52 million worth of education supplies, many used in support of the "back-to-school" effort in Afghanistan. The Copenhagen warehouse processed $47 million worth of orders, in addition to the donations in kind. The warehouse was key to the UNICEF emergency response capacity, sending relief flights to Afghanistan, Angola, the Democratic Republic of Congo and countries in Southern Africa.

118. In Afghanistan, Supply Division supported the "back-to-school" effort and the reconstruction of the national education system through the establishment of local production capacities. The Division not only procured hundreds of thousands of school-in-a-box kits, but also worked with the Ministry of Education to rebuild a production centre for school supplies in Kabul. This centre represented a new approach to emergency logistics, the objective of which is to bridge the gap between emergency and development by building local capacities so that a country can become self-sufficient in the planning, production and distribution of supplies.

119. Significant progress was made in both the United Nations Security Management System and arrangements for staff security within UNICEF, which is implementing an integrated security policy. Minimum Operating Security Standards were further strengthened. As a result of lessons learned about the inadequacy of security measures in the aftermath of 11 September 2001, and in collaboration with United Nations security and host country officials, security measures at UNICEF headquarters were reinforced, and an updated security plan circulated to all headquarters staff.

120. In terms of information technology (IT), previous work in integrating the management information systems – the Programme Manager System the Financial and Logistics System (FLS) and the Integrated Management Information System – continued to offer benefits for strategic managerial view, tactical management and oversight control. A new treasury module was implemented within FLS. Steps to further integrate the systems were taken, with a decision to move to a human resources and payroll solution on the same platform as FLS. Access to timely financial information has improved.

121. The global internet protocol (IP)-based wide area network, which now includes virtually all countries, helped to leverage new services. Voice over internet protocol is one such service which enables telephony with substantial cost savings. UNICEF was awarded a "2002 CIO 100 Award" by *CIO Magazine* for its accomplishments in applications integration, global IP connectivity and infrastructure management operations. The UNICEF experience in implementing IT Infrastructure Library processes was shared with other United Nations agencies.

122. IT security has received increasing attention, with the drafting of an information security policy and recruitment of new IT security staff. Some steps have been taken to address redundancy and resilience issues at headquarters, but further disaster recovery and business continuity investments are required.

IV. Income and expenditure[4]

A. Income

123. Total contributions to UNICEF in 2002 amounted to $1,454 million. This compares with contributions of $1,225 million in 2001, an increase of 19 per cent which results from the combination of such circumstances as a one-time legacy of $56 million, better performance in private sector activities and favourable exchange rates. Contributions in 2002 were higher than the financial plan forecast by 7 per cent.

124. Government contributions to regular resources were in line with the financial plan and 5 per cent higher than in 2001 ($17 million). There was a significant increase in regular resources income from the private sector. In this category, 2002 income was higher by $118 million (72 per cent) over results for 2001 and $52 million (23 per cent) over the financial plan. Compared with 2001, this performance reflects the one-time legacy income mentioned above which was included in the financial plan. Additional income of $34 million resulted from the growth in private sector fund-raising income and $18 million from the sale of cards and products by National Committees for UNICEF. Private sector income benefited further from contained operating costs of the Private Sector Division and the cost of goods, coupled with substantial foreign exchange gains of $19 million.

125. Other income, comprising interest income, miscellaneous income and currency adjustments was higher by $22 million in 2002 than in 2001. The increase was due essentially to the positive offset of decreased interest rate income by exchange rate gains, as well as an adjustment through the cancellation of outstanding obligations that affect the miscellaneous income subcategory of other income.

[4] Preliminary figures subject to adjustment. Final figures for 2002 will be included in the medium-term financial plan presented to the Executive Board at the second regular session of 2003.

Table 1
Contributions to UNICEF by type and source of funding, 2001-2002
(In millions of United States dollars)

Source of contribution	2002	2001	2002	Increase over 2001		Increase over financial plan	
	Actual	Actual	Planned	$	%	$	%
Regular resources							
Government	368	351	360	17	5	8	2
Private sector	282	164	230	118	72	52	23
Other	59	36	35	22	62	24	68
Subtotal	709	551	625	157	29	84	13
Other resources – regular							
Government	343	279	329	64	23	14	4
Private sector	162	160	160	3	2	2	2
Subtotal	505	439	489	66*	15	16	3
Other resources – emergency							
Government	203	160	160	43	27	43	27
Private sector	37	76	80	(38)	(51)	(43)	(53)
Subtotal	241*	235*	240	5	2	1	-
Total	**1 454**	**1 225**	**1 354**	**229**	**19**	**100**	**7**

* Rounded

126. The overall mix between regular and other resources also improved slightly in 2002. Excluding the one-time gain of $56 million from the above-mentioned legacy, the ratio of regular resources to total income for 2002 was 47 per cent, slightly better than the planned forecast of 46 per cent.

127. Total other resources income (both regular and emergency) for 2002 was $746 million, an increase of $72 million (11 per cent) as compared to 2001 and $17 million (2 per cent) in relation to the financial plan projections for 2002. Other resources income was significantly higher from government sources.

Table 2
Contributions to UNICEF by source of funding, 2001-2002
(In millions of United States dollars)

Source of contribution	2002	2001	2002	Increase over 2001		Increase over financial plan	
	Actual	Actual	Planned	$	%	$	%
Government	913	790	849	123	16	64	8
Private sector/non-government	482	399	470	83	21	12	3
Other	59	36	35	22	62	24	68
Total	**1 454**	**1 225**	**1 354**	**229***	**19**	**100**	**7**

* Rounded

128. In 2002, UNICEF received $289 million in cash for trust fund accounts. Disbursements and obligations totalled $262 million. Trust funds are not considered UNICEF income and are recorded separately and distinguished from resources approved by the Executive Board.

B. Expenditure

129. In 2002, total expenditures (excluding write-offs and reimbursements) amounted to $1,267 million, an increase of $29 million (2 per cent) over 2001 expenditures of $1,238 million (see table 3 below). Total expenditures were almost equal to the financial plan estimate of $1,270 million. Management and administration expenditures were $79 million (6 per cent of total) and programme support equalled $145 million (12 per cent of total). Direct programme assistance amounted to $1,044 million (3-per-cent increase over 2001 or 82 per cent of total expenditure).

Table 3
UNICEF expenditures, 2001-2002
(In millions of United States dollars)

Nature of expenditure	2002	2001	2002	Increase over 2001		Increase over financial plan	
	Actual	Actual	Planned	$	%	$	%
Programme assistance	1 044	1 012	1 035	32	3	9	1
Programme support and management and administration	224	226	235	(2)	(1)	(10)	(4
Subtotal (reported expenditures)	**1 267***	**1 238**	**1 270**	**29***	**2**	**(3)**	-
Write-offs	6	8	-	(2)	-	6	-
Support cost reimbursement	**7**	**8**	**8**	**(1)**	**-**	**(1)**	-
Total	**1 280**	**1 254**	**1 278**	**26**	**2**	**2**	-

* Rounded

130. Programme expenditures in 2002 continued to be concentrated in countries with low-income and high under-five mortality rates. (see annex for details).

131. The Executive Director allocated $23.3 million in 2002 for expenditure in country programmes from the global set-aside of 7 per cent of regular resources. The funds were allocated in support of strategic initiatives, in line with Executive Board decision 1997/18 (E/ICEF/1997/12/Rev.1). Some 47 per cent of the set-aside was used for the protection of children and young people affected by HIV/AIDS, while 25 per cent supported global partnership efforts to eradicate polio. The remaining funds were used for emergency response in southern Sudan, other immunization activities, arsenic mitigation and initiatives in the areas of ECD, maternal health and the promotion of child rights. Sixty-four per cent of the set-aside funds were allocated to sub-Saharan Africa and 20 per cent to Asia.

C. Resource mobilization

132. Regular resources are the foundation for UNICEF country programming and remain one of the highest priorities for UNICEF. In 2002, total regular resources contributions from Governments were $368 million, $17 million more than in 2001. The overall balance between regular and other resources also improved slightly, with regular resources increasing to 47 per cent of total contributions compared to 45 per cent in 2001. While other resources are indispensable to UNICEF for expanding the reach of country programmes, it is crucial to find an optimal balance between regular and earmarked contributions which will safeguard the core capacity of UNICEF to further its mandate in programme countries.

133. At the pledging event in January 2002, 51 Governments (23 high-income, 19 middle-income and 9 low-income countries) pledged a total of $325 million to regular resources. Eight countries made multi-year pledges and 15 countries provided improved information on payment schedules. Both of these actions enhanced the organization's ability to predict income and cash-flow, facilitating better management of financial resources. By year-end, 89 Governments (33 high-income, 38 middle-income and 18 low-income countries) had contributed $368 million to regular resources. Twenty-three Governments increased their contribution compared to prior years (14 high-income, 4 middle-income and 5 low-income countries). Sixteen Governments increased their contributions by 7 per cent or more (Andorra, Bhutan, Burundi, Cyprus, Ethiopia, Gambia, Germany, Ireland, Latvia, Liechtenstein, Luxembourg, Monaco, Republic of Korea, Romania, Slovenia and United States). Of these, nine Governments increased their contribution by more than one third (Cyprus, Ethiopia, Gambia, Ireland, Latvia, Liechtenstein, Monaco, Republic of Korea and Slovenia). The United States remained the largest government donor to regular resources with a contribution of $120 million, followed by Norway ($39.2 million), Sweden ($30.1 million), the Netherlands ($27.2 million) and the United Kingdom ($26 million). In addition, 13 Governments restored their support to regular resources in 2002.

134. UNICEF continued to engage in successful collaborations with Governments to mobilize both regular and other resources. Of particular note were developments in the area of thematic funding. For example, UNICEF successfully implemented the second year of its partnership with the Government of Netherlands for thematic priorities. A new partnership for humanitarian activities was also finalized. The Government of Finland began thematic support to girls' education and Norway expanded its support for girls' education to the whole of Africa. The finalization of Sweden's

partnership strategy framework led to fruitful discussions on flexible thematic funding. The Government of Italy continued its thematic contribution for child protection in East Asia and expanded the support to Central America, with emphasis on child trafficking, abuse and exploitation. The Government of Japan increased its other resources contribution, particularly for Afghanistan, where its very significant support greatly facilitated the "back-to-school" programme for 2.9 million children. The areas of collaboration with Japan were also expanded to cover education and water and sanitation. Enhanced collaboration with the World Bank resulted in increased funding, particularly for post-conflict situations, the delivery of basic services and joint research. Finally, the Governments of Denmark, Norway and Sweden have provided early indications and commitments of planned contributions for emergency programmes as well as flexibility in the use of the funds. The Department of International Development of the United Kingdom continues to support UNICEF capacities to predict and respond to civil strife, armed conflict and natural disasters, as well as to strengthen capacities for programming from a human-rights perspective.

135. Overall, UNICEF saw a 24-per-cent increase in earmarked contributions from Governments compared to 2001, with the 10 largest donors being the Governments of the United States ($126.8 million), Japan ($94.7 million), the Netherlands ($55.6 million), the United Kingdom ($45.6 million), Canada ($45.3 million), Sweden ($43.8 million), Norway ($43.1 million), Italy ($18 million), Australia ($11.3 million) and Denmark ($8.1 million).

136. In accordance with Executive Board decision 1999/8 (E/ICEF/1999/7/Rev.1) on the resource mobilization strategy, UNICEF held 11 donor consultations and 25 programmatic discussions with donor Governments and partners during 2002 on various aspects of cooperation, including core financial support. UNICEF also entered into one new framework agreement with a donor Government.

Annex

Programme expenditure in 2002 for countries classified according to gross national income and under-five mortality rates

	Child population in 2000 (In millions)	Child population (Percentage of total)	Number c/ of countries	Expenditure (In millions of US dollars)	Expenditure (Percentage)	Cents per child (US cents)
Country grouping based on 1999 GNI						
Low income, Total	1,051	55%	63	842	71%	80
Low income, excluding India	*652*	*34%*	*62*	*758*	*64%*	*116*
Lower middle income	700	37%	45	168	14%	24
Lower middle income, excluding China	*321*	*17%*	*44*	*151*	*13%*	*47*
Upper middle income	162	8%	18	35	3%	21
Total for countries	1,913	100%	126	1044	88%	55
Total for global and other regional funds				145	12%	
Grand Total	1,913	100%	126	1189	100%	
Country grouping based 2000 U5MR						
Very high U5MR	245	13%	29	443	37%	181
High U5MR, Total	695	36%	35	378	32%	54
High U5MR, excluding India	*295*	*15%*	*34*	*294*	*25%*	*100*
Middle U5MR, Total	939	49%	47	194	16%	21
Middle U5MR, excluding China	*560*	*29%*	*46*	*176*	*15%*	*31*
Low U5MR	35	2%	15	29	2%	83 b/
Total for countries	1,913	100%	126	1044	88%	55
Total for global and other regional funds				145	12%	
Grand Total	1,913		126	1189	100%	
(of which LDCs)	327	17%	48	566	48%	173

a/ Low income = GNI per capita of $755 and less.
Lower middle income = GNI per capita between $756 and $2,995.
Upper middle income = GNI per capita between $2,996 and $9,265.
Very high U5MR = over 140 under-five deaths per 1,000 live births.
High U5MR = 71-140 under-five deaths per 1,000 live births.
Middle U5MR = 21-70 under-five deaths per 1,000 live births.
Low U5MR = less than 21 under-five deaths per 1,000 live births.
LDCs = least developed countries.

b/ Higher cents per child reflect expenditure in countries with small child populations and also in three countries/areas experiencing emergency situations, which account for over 50 per cent of the total expenditure incurred.

c/ Pacific, Caribbean and CEE/CIS/Baltic States multi-country programmes were counted as one each except countries in emergency situations within the multi-country programme with separate expenditure and available indicators.

Figure I

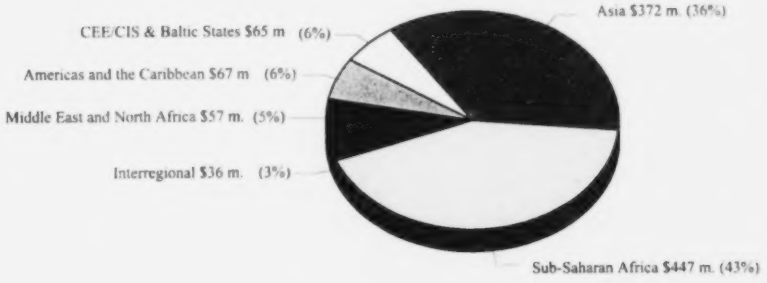
UNICEF programme expenditure by organizational priority, 2002

Total expenditure: $1,044 million[a/]

a/ Excludes programme support costs amounting to $145 million.

Figure II

UNICEF programme expenditure by geographical region, 2002


Asia $372 m. (36%)
CEE/CIS & Baltic States $65 m (6%)
Americas and the Caribbean $67 m (6%)
Middle East and North Africa $57 m. (5%)
Interregional $36 m. (3%)
Sub-Saharan Africa $447 m. (43%)

Total expenditure: $1,044 million[a/]

a/ Excludes programme support costs amounting to $145 million.